

24

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54	1					
5		1					55		①				
6		1					56		1				
7		3					57		②				
8		3					58		①				
9		3					59		②				
10		3					60		①				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		4					65		4				
16		4					66		1				
17		4					67		1				
18		4					68		1				
19		4					69		2				
20		1					70		2				
21		1					71						
22		1					72						
23		3					73						
24		3					74						
25		3					75						
26		3					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		4					81						
32		4					82						
33		4					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		1					93						
44		1					94						
45		1					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		1					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	121						TOTAL DEP.						
TOTAL CLAIMS	123						TOTAL CLAIMS						